2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91137 033 ****70.00

DOCUMENT # N95000005240

1. Entity Name

CYPRESS WOODS COMMUNITY ASSOCIATION OF EAST LAKE , INC.

Principal Place of Business	Mailing Address
36181 EAST LAKE ROAD #194 PALM HARBOR FL 34685 US	36181 EAST LAKE ROAD #194 PALM HARBOR FL 34685 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3345283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DIMOLA, VIRGINIA~~ ~~4458 SERENITY TRAIL~~ ~~PALM HARBOR FL 34685~~	Name DALE M. CRUM - PRESIDENT Street Address (P.O. Box Number is Not Acceptable) 4906 FELICITY WAY City PALM HARBOR FL Zip Code 34685

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Dale M. Crum - DALE M. CRUM - PRESIDENT 4/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRUM, DALE 2765 BRATTLE LANE CLEARWATER FL 34621	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ PRESIDENT/ACTING TREASURER CRUM, DALE M. 4906 FELICITY WAY PALM HARBOR, FL 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEWART, CHUCK 4526 SERENITY TRAIL PALM HARBOR FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR STEWART, CHUCK 4526 SERENITY TRAIL PALM HARBOR, FL. 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIMOLA, VIRGINIA 4526 SERENITY TRAIL PALM HARBOR FL 34685	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RACHAL PAGES 4996 FELICITY WAY PALM HARBOR, FL. 34685 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOEFFLER, ROBERT 4410 SERENITY TRAIL PALM HARBOR FL 33485	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNICKBOCKER, DAVID 266 HIGHLAND ROAD TARPON SPRINGS FL 34689	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR KNICKERBOCKER, DAVID 4502 SERENITY TRAIL PALM HARBOR, FL. 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~Dale M. Crum~~ SIGNATURE REQUIRED PRESIDENT 4/29/02 727-945-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #